

Pentwater 341 Market.

Paper Month 1828

An  
Inaugural essay  
on  
Acute Peritonitis  
For the degree of Doctor of medicine  
in the

University of Pennsylvania

by  
Reading S. Long

of  
North Carolina

February 10<sup>th</sup> 1828

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Peritonitis is, as its name indicates, an inflammation of the Peritoneum. - This inflammation may be divided into acute and chronic forms. It is the Acute Peritonitis of which I propose to treat. Symptoms. - It comes on with chills and shivering which are attended with pain in the back and loins, and are in a short time followed by fever. The period of the cold stage is exceedingly indefinite, sometimes terminating soon, at other times not until a day or two. The surface cold and collapsed, the pulse small, quick, and chorded and well calculated to deceive. But from the commencement, there are symptoms which cannot fail to awaken suspicion. There is a sense of heat and pain in the abdomen; sometimes confined to one place, though more commonly diffused;

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and then another set of garments  
is to be assumed. The bath  
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extending itself over the whole. By pressure the pain is generally augmented and a tenderness exists in every part of the abdominal paroxysms. Even at this early period the patient complains of thirst and dryness of the tongue and fauces. At this stage of the disease there are nausea and vomiting and constipated bowels. These are the ordinary symptoms at the commencement of an attack. But, in 12 or 24 hours, or even at a shorter time, the tenderness of the abdomen is so much increased, that the pressure of the bed clothes can hardly be borne by the patient. The pulse has a contracted feel and beats from 100 to 120 or 130 times in a minute. The tongue becomes incrustated, and a considerable augmentation of the tension and swelling of the belly is

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apparent. Examined at this stage the patient will be found lying on his back with his knees drawn up.

The reason is obvious. By this posture the weight of the intestines &c. is thrown on the back, and the abdominal muscles are relaxed by which much relief is afforded: and one of the first symptoms of approaching convalescence, is the extending by the patient, his lower extremities. As the disease advances all the symptoms increase, especially the ~~temperature~~ tumefaction of the abdomen. At this stage it is not uncommon, for the pain which before was excessive suddenly to cease. But we should not construe this circumstance into an auspicious omen. It is always the precursor of death. When, on the contrary, the symptoms subside gradually it is

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a proof that our remedies are effecting a cure. Contemporaneously, or nearly so, with this sudden subsidence of pain, there is great sinking of pulse, so much so, that it can scarcely be counted, and a vomiting of dark matter, or rather an expulsion of it by sanguitus or a spasmodic action of the stomach. Cold clammy sweats now break out; the extremitie are cold and withered; the countenance collapsed and haggard; difficult and laborious respiration mark the closing scene of life. These are the ordinary symptoms. But the disease has been known to run its course, terminating in gangrene, without any of the symptoms of inflammation. This disease is produced by varieties of temperature, as cold succeeding to heat, by infiltration

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of fluids into the peritoneal coat, blow, or any violence done to the abdomen.

Diagnosis. Generally it requires much <sup>skill</sup> of discrimination to distinguish this disease from other inflammations of the abdomen.

In Peritonitis there is no inclination to go to stool, and not the slightest mitigation of the symptoms by the most copious alvine evacuations. The patient generally lies on his back with his feet drawn up: the pain also is more steady than in Colic, and more pungent and lancinating, than in Enteritis.

In Colic the pain is mitigated by pressure and the patient lies on his belly. When the pain gradually subsides, and there is a gradual abatement in the violence of ~~all~~ the symptoms, the prognosis is favourable. One of the most favourable, is the patient

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being able to extend his lower extremities, and never favourable unless gradual. On the contrary, should the pain suddenly cease, the pulse become weak and fluttering, the skin cold and clammy, the countenance haggard, the mind wandering we may conclude that gangrene has taken place, and death will probably be the result. —

Dissection presents the phenomena of inflammation and its consequences, extravasations, effusions of serum, coagulable lymph, and finally pus.

Gangrene is also common, though ulceration never takes place in recent cases, the pus is secreted by the exhalent vessels of the membrane. Treatment. — In the early stage of the disease it would be proper to urge the lancet as far as possible, consistently

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with the strength and other circumstances of the patient. The pulse should not generally be taken as a guide, as it is often depressed and feeble in direct proportion to the violence of the attack: so it arises as we deplete with the lancet. Here is a case of inflammation rapid in its progress, and if not speedily arrested, inevitably fatal. Keeping this circumstance in view, we should take 25 or 30*fl* of blood at the bleeding, and should this not be productive of relief, we should repeat the operation to the same extent in the course of the day. Dr Chapman has taken from 60 to 70 ounces of blood in the course of the ~~day~~ from a person labouring under Peritonial inflammation and he does not believe that less would have answered.

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But simple aspiration by the lancet  
will not entirely effect a cure.  
Either from the peculiarity of the  
inflammation, or from the seat of the  
disease being in the capillaries of the  
membrane general bleeding fails. —  
It keeps the disease under, though it  
cannot intercept or completely cure it.  
When it is found that the lancet  
does not eradicate the complaint it  
will be advisable to use topical bleeding  
by leeches or cups to the abdomen,  
taking away as much blood as can  
be detracted by this means. Blisters  
are useful auxiliaries when properly  
timed. They are always mischievous  
if applied in the commencement of  
the disease. They should be uniformly  
preceded by the use of warm fomenta-  
tions to the abdomen, and a good

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deal of direct depletion. The best mode in which the former can be affected is by bread and milk poultices laid out the whole abdomen, or, what answers very well, common mush placed in a bag, which should be moderately full, so that it may adapt itself to the contours of the belly. Clothes wrung out of hot water and applied are very good. In place of warm fermentations, cold applications have been proposed but are not very serviceable. — The bowels should be kept in a soluble condition, either by mild laxatives or by the use of enemas. When the latter articles are employed they should be composed of mild ingredients, and administered in large quantities, so as to act as purgations to the intestines. — Depletion

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having failed, the next measure is to excite copious perspiration. This often operates as a charm in peritoneal inflammation. Diaphoretics in this case, act by giving a centrifugal direction to the circulation, thereby drawing off blood from the capillaries of the peritoneum, and to determine it to the surface of the body. To induce perspiration, we should confide most in the external means. The vapour bath, is superior to all others. —

The operation of this should be promoted or assisted by the internal use of diaphoretics of which Opium stands first. The best, is perhaps Dover's powder. The disease not being arrested, we have the sinking condition. Combinations of Opium and Colomel have done much good; but the spirits of



Tubercular much more. It is a disease of great danger. In most cases it is well marked from the beginning; but sometimes irregularities occur, which are apt to mislead the practitioner and direct him from the use of those remedies by which it should always be managed. Now and then in the earliest stage, there is so great prostration, and the pulse so feeble, as to induce an apprehension that the patient is too debilitated to admit of direct depletions. This is generally considered a case of depression or in other words, the disease is locked up in the system. But the vital system is so depressed by the overwhelming force of the disease, that there is danger of the system not reacting; and if blood be drawn away to any

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extent, it would do harm if not destroy the patient. In cases of this nature, we must endeavour to rouse the energy of the system; and for this purpose the warm bath, diaphoretics and small and repeated bleedings should be profuse. —

After a while the case becomes more developed, and then with perfect safety and even great advantage, we may resort to the more copious use of the lancet and its auxiliaries. —

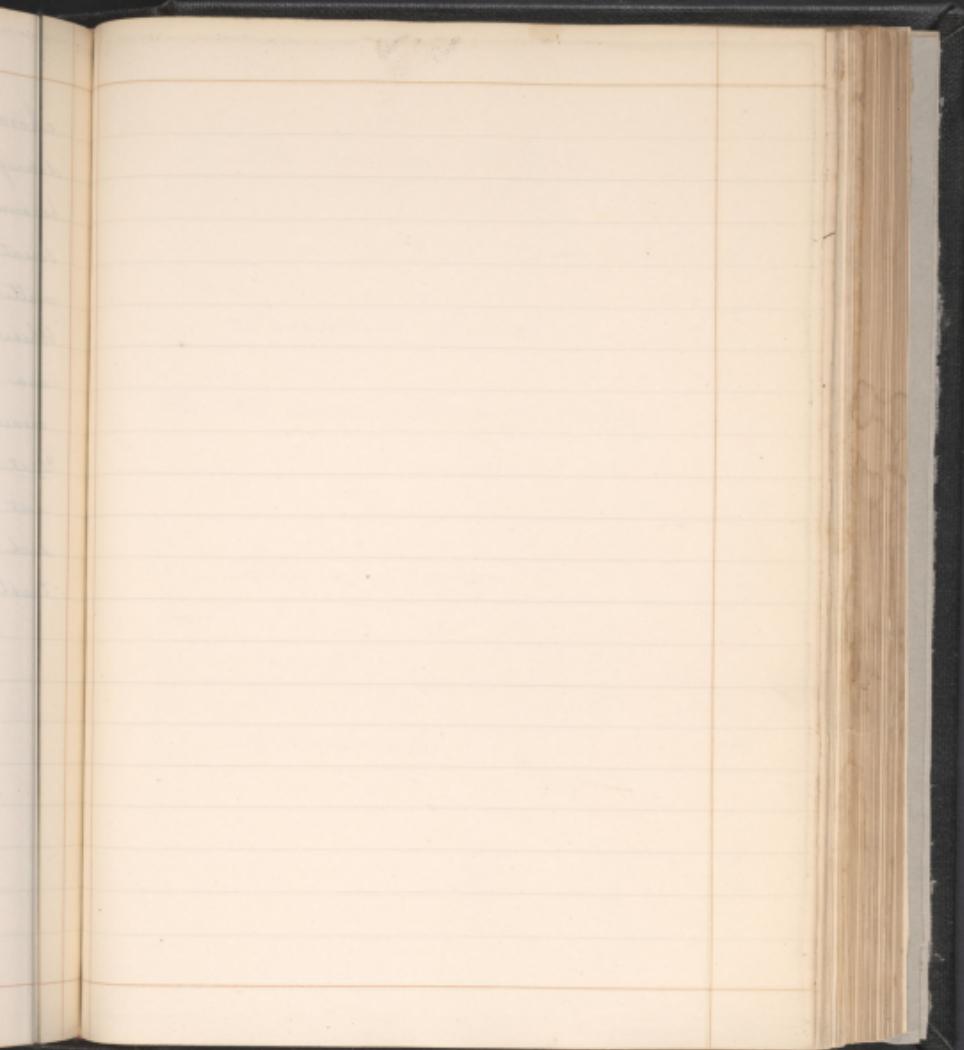
It sometimes happens that the disease is sufficiently marked in the first stage to awaken us to a sense of its danger. It comes on with a slight tenderness of abdomen, little or no fever, and a pulse not very different from its natural condition, being rather quicker and very slightly



choked. The system becomes suddenly depressed, the pulse sinks, the surface becomes covered with a cold clammy sweat, and a discharge of blackish matter takes place from the stomach. These cases require the warm bath, and afterwards venesection and its auxiliaries. Rest in horizontal position.

Diet. The patient should take nothing but mucilaginous and demulcent drinks, such as Barley water, gum arabic water, toast water, rice water &c.







the following day

at 9<sup>th</sup> April about 5 P.M.

Penninsula, Long

For the degree of Master of Science

of

John L. Stony

of

Maryland.

